

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022528

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 9 1962

Primary Registration District No.

3020

Registrar's No.

153

VS 300  
Rev. 4/59

1 0365

2 0365

3

4 0

5 0

6

7 0

8 0

9 7954

10

11

12 90-8

13 5-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Washington

Length of stay in 1b

20 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

15 Washington Ave.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

a. STATE

Mo.

b. COUNTY

Franklin

c. CITY

OR TOWN

Washington

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

15 Washington Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

Cuthbert P. Tibbe

## 4. DATE OF DEATH

July 6, 1962

## 5. SEX

male

## 6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

10/18/1901

## 9. AGE (last birthday)

60

## IF UNDER 1 YEAR

Months 8 Days 18

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Public Accountant

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Practice

## 11. BIRTH PLACE (City and state or country)

Washington, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Anton A. Tibbe

## 13b. MOTHER'S MAIDEN NAME

Wilhelmina Cuthbertson

## 14. NAME OF HUSBAND OR WIFE

Henry J. Tibbe, Union, Mo.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Henry J. Tibbe, Union, Mo.

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Natural Causes

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Leola C. Hudmann Local Registrar

## 22b. ADDRESS

Washington, Mo.

## 22c. DATE SIGNED

7/7/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 8, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Old Fellows Cemetery

## 23d. LOCATION (city, town, or county)

Washington, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Heberg &amp; Son, Inc.

## ADDRESS

Washington, Mo.

## 25. DATE RECD. BY LOCAL REG.

7/7/62

## 26. REGISTRAR'S SIGNATURE

Leola C. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 2 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lester A. Vitt*

Licensed Embalmer No.

*3254*

P. O. Address

*Washington, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.